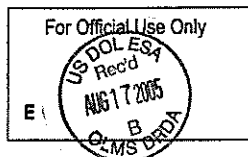


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11874</u>	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Karl - Bik P.O. Box, Bldg., Room No., if any Street 810 W. Stadium Lane City Sacramento State Ca ZIP Code + 4 95834	4. Name, file number, and address of labor organization. Name Cement Masons Local 400 Labor Organization File Number <u>540524</u> P.O. Box, Building and Room Number, if any Street 810 W. Stadium Lane City Sacramento State Ca ZIP Code + 4 95834
5. Position in labor organization. Business Manager/Financial Secretary Labor Trustee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Karl Bik</u>	On <u>8/12/05</u> Date	<u>(916) 565-0128</u> Telephone Number

Name of Person Filing Karl Bik	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Northern Ca Cement Masons Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 220 Campus Lane</p> <p>City Fairfield</p> <p>State Ca ZIP Code + 4 9 4534</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Trustee Meeting 3/12/04</p> <p>" " 6/11/04</p> <p>" " 9/10/04</p> <p>" " 12/10/04</p>
	<p>11.b. Approximate dollar value of such dealing. 382.00</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Fremont Bank</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>P.O. Box 685</p> <p>Street</p> <p>City Diablo</p> <p>State Ca ZIP Code + 4 94528</p>	<p>14.a. Nature of payment.</p> <p>Boy Scout Fundraiser/Golf</p> <p>6/14/04</p>
<p>13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment. 200.00</p>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Delta Dental</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 100 First Street</p> <p>City San Francisco</p> <p>State Ca ZIP Code + 4 94105</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>X b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Northern CA Cement Masons Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 220 Campus Lane</p> <p>City Fairfield</p> <p>State Ca ZIP Code + 4 94534</p>	<p>11.a. Nature of such dealing.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Business/Golf</p> <p>11/17/04</p>
	<p>12.b. Amount. 75.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Rainier Inverstment</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 601 Union Street, Suite 2801</p> <p>City Seattle</p> <p>State Wa ZIP Code + 4 98101</p>	<p>14.a. Nature of payment.</p> <p>Fundraiser/Golf</p> <p>6/7/04</p>
<p>13.b. Is the Business an Employer or Consultant X ?</p>	<p>14.b. Amount of payment. 70.00</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name McMorgan & Co</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street One Bush Street, Suite 800</p> <p>City San Francisco</p> <p>State Ca ZIP Code + 4 94104</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>A.T.&T. Tickets 2/5-6/2004</p>
	<p>11.b. Approximate dollar value of such dealing. 150.00</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Victory Capitol Managment</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3780 Kilroy Airport Way, Suite 200</p> <p>City Long Beach</p> <p>State Ca ZIP Code + 4 90806</p>	<p>14.a. Nature of payment.</p> <p>Fundraiser/Golf</p> <p>8/6/04</p>
<p>13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment. 75.00</p>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Hemming Morse</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 160 Spear Street, Suite 1900</p> <p>City San Francisco</p> <p>State Ca ZIP Code + 4 94105</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Northern Ca Cement Masons Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 220 Campus Lane</p> <p>City Fairfield</p> <p>State Ca ZIP Code + 4 94534</p>	<p>11.a. Nature of such dealing.</p> <p>Fundraiser/Golf 7/17/04</p> <p>Fundraiser/Golf 9/27/04</p>
	<p>11.b. Approximate dollar value of such dealing. 150.00</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Alliance Bernstein</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 555 California Street, Suite 4300</p> <p>City San Francisco</p> <p>State Ca ZIP Code + 4 94104</p>	<p>14.a. Nature of payment.</p> <p>Business/Golf 4/19/04</p>
<p>13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment. 120.00</p>